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ABSTRACT

A review of the literature of death education reveals a lack of consensus among authors concerning the exact scope and sequence of an ideal death education program. Most authors feel, however, that death education should be a subject of immediate concern to all health educators, and that it is important to determine how children respond to various forms of misinformation about death. Researchers have shown concern with a number of areas in death education including: (1) stages of death and dying, and how patients, family, and medical staff can cope with the problem; (2) principles of communication in a death education experience for young children; (3) scientific and biological concerns of life and death processes; (4) curriculum development and program content; (5) teacher attitudes, feelings, and beliefs about death; (6) input from the community on special topics (input from attorneys, clergy, coroners, psychologists, etc.); and (7) program goals and objectives. A selected bibliography is included. (DS)

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DEATH EDUCATION: AN OVERVIEW

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The need for the inclusion of death education in the curriculum at all levels has been expressed by numerous authors. (1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 16, 17). Various subject areas (biology, english, health education and counseling) have responded to this need for death by including the subject in some of their curriculi. The focus of this paper, however, is to examine those cognitive components which should be included in a death education curriculum for health educators.

In the process of reviewing the literature in the area of death education, it was found that very often the authors state the need for death education along with some philosophical perspectives relative to death education. What seems to be lacking is a consensus among authors concerning the exact scope and sequence of an ideal death education program.

Wass and Shaak (17) state the need for death education and give some vivid examples of what could possibly happen if appropriate death education is not available to young children. Wass and Shaak feel that death education went underground at the beginning of the twentieth century. They also feel that due to the increase in the discussions and presentations concerning death in the media, the taboo on death education has been lifted. Wass and Shaak state that lifting the taboo of death education for children will take much more time due to the resistence of some parents to deal with the topic. These authors feel that parents want to shield their children from the harsh reality of death by avoiding the topic.

Wass and Shaak are taking a pessimistic attitude toward the concern for parents to protect their children from the topic of death. A similar attitude developed within the realm of sex education. During the height of sex education controversy in the United States, a gallup poll was conducted with the intention of determining the percentages of parents who favored sex education in the schools. The results showed that seventy (70) percent of the parents were in favor of including sex education in the public schools. If this poll were valid it would indicate that a majority of parents approved of quality sex education and similarly it is felt that a majority of parents would also be in favor of a quality death education experience for their children.

Wass and Shaak (17) also try to analyze how children react to various nebulous, vague, traditional and overgeneralized statements concerning death. The parents who tell their children that "God took Grandma because He loved her" implies that all living things left are not loved by God. Similarly, the statement "God took your sister because she was good" may throw a child into turmoil. If being good gets you to Heaven, the child in his desire to be good may want to die. Or, the child may not desire to die and consequently worry about his badness. The statement "Mommy went on a long long trip" implies that the person went voluntarily and therefore may someday return. It is important to determine how children respond to various forms of misinformation. But as with many other aspects of death education quality research needs to be conducted.

Hart (7), in a recent article, states that death education should be a subject of immediate concern to all health educators. Hart feels that school health issues have changed over the years from those concerned

primarily with physical health to those primarily concerned with emotional health. Death education falls into this latter realm of concern. Hart states, "The real issue is how people cope with loss and what the implications are of that loss in terms of the learning process and in terms of the emotional well-being of the youngster. That is what death education is all about". (7, p. 407) From this philosophical perspective Hart includes some abstract concepts of death education. For example, divorce is a kind of death education problem because the process of coping with a loss of someone is present. The loss of a limb and the change from childhood to adolescence may also be concerns to be dealt with in death education.

Hart feels that death education is closely related to mental health because of the feelings that arise in death education situations are similar to those that arise in other mental health problems. Guilt, fear, anger and anxiety are all feelings that can be felt during the death and dying experience. Youngsters need to understand that negative feelings are perfectly natural.

This link between death education and mental health is displayed in the five stages of death and dying developed by Elisabeth Kubler-Ross (9). Kubler-Ross studied a large number of terminally ill patients and found that these patients almost universally progressed through five emotional stages: denial, anger, bargaining, depression and acceptance. In the frist stage, denial and isolation, the patient expresses a "No, not me" reaction. Kubler-Ross feels that the denial acts as a buffer to the shock and allows the patient to collect himself and with time mobilize other less radical defenses. In the second stage, anger, the patient

expresses a "Why me" reaction. During this stage, it may be difficult for the family and medical staff to deal with the patient because the anger may be projected randomly at the patient's environment. The third stage, bargaining, is characterized by the patients attempt to bargain with the powers (his physician, God, etc.) in order to live long enough to experience a personally meaningful event (i.e., a granddaughter's wedding or an upcoming anniversary). This is followed by a fourth stage, depression. During depression, the patient feels a sense of great loss which may be complicated by the loss of a job, doctor's bills or the rearrangement of cherished goals and expectations. In the fifth stage, acceptance, Kubler-Ross feels that if given enough time, the patient works through the other stages and accepts his fate.

Important implications can be drawn from Kubler-Ross's five stages of death and dying, assuming their basic theoretical foundation is valid. First, if patients realize that these stages exist, they may be able to cope more effectively when various stages arise. Second, the family and the medical staff could make a conscious effort to learn how to deal with the various stages or at least be empathetic to the patient's needs at various stages. And third, various therapy techniques (i.e., behavior modification, rational-emotive therapy, Rogerian, etc.) could be researched to determine the most appropriate way to counsel the patients and the family when they are confronted with a terminal illness. This implication relates closely to Hart's conviction that death education and mental health programs are similar in nature. The various mental health implications of the five stages could be examined in relationship to the particular target group being served by the health educator (i.e., youngsters could identify with the stages as it related to the death of a pet).

Crase and Crase (3) also feel that death education is of immediate concern to many educators. Crase and Crase state the need for the inclusion of the following principles of communication in a death education experience for young children.

1. All questions should be answered truthfully. Children should not try to be protected from sensitive areas. A child who is aware of inconsistencies or incomplete answers is unsettled and prone to imagine.
2. An effort should be made to make sure you understand exactly what the child is asking. If a child asks "What will happen to me if Mommy dies," he may simply want to know who will care for him. An analogy can be drawn between this situation and situations that often arise in the realm of sex education. A student who asks "Where did I come from," may simply want to know his geographic place of birth and not a complicated description of reproduction and child birth.
3. Avoid confusing explanations of death. It is important to lay a framework that children can build upon.
4. Avoid denying a child's perception or reaction of death. Children need to feel free to express and communicate their feelings about any aspect of death.
5. When a child is specifically searching for a direct answer that lies within the domain of philosophical and religious beliefs, a teacher may choose to suggest that different points of view exist.

The principles of communication cited Crase and Crase should be of generic concern to all educators. It is felt that most educators would concur with the need for these principles of communication to be a philosophical foundation upon which to build an elementary death education program.

Approaches to death education in the school from a more creative oblique angle have been presented by Hair (6). Hair states that in China Yang is equal to life and Yin is equal to death. There is no attempts to shield children from death in Eastern cultures. Hair feels that Western culture does not consider death an appropriate topic and therefore there is a hestitancy to teach about death in the classroom. Hairs lists four reasons why death is an important topic in the elementary school curriculum.

1. An understanding of the Life Cycle is not complete without an understanding of the characteristics role and necessity of death.
2. An understanding of the nature and significance of death is important to conservation ecology and health concepts.
3. An understanding of the scientific facts is needed to eliminate or prevent debilitating superstitions and fear in situations involving death.
4. Understanding and appreciation of life and living are increased and sharpened by conscious contrasts and comparison to death and dying.

Hair's reasons for the inclusion of death education in the elementary curriculum incorporate scientific and biological concerns that seem to be over locked by many authors in lieu of the emotional or psychological concerns. It is felt that Hair's scientific and biological concerns are of tantamount importance to the various psychological concerns related to the need for death education.

The need for death education is well documented. The literature seems to indicate that death education curriculi should have a solid philosophical base and incorporate the current psychology of learning in order to be successful.

Although the majority of the literature reviewed dealt with the need for death education, especially at the elementary level, several authors (10, 14, 15) have outlined the scope and sequence of content which should be included in a death education course.

Although the literature reviewed is by no means extensive, it is interesting to note that many articles state the need for death education at the elementary level but fail to say what components should be included in an elementary death education experience. This fact points out the need for research in the development of the elementary death education curriculum.

In regard to the components that should be included in a college death education experience Sadwith (14) feels that the following topics should be covered:

1. Biological aspects of death
2. Anthropological aspects of death
3. Euthanasia
4. The economic aspects of death and dying (i.e., Funeral costs, health care costs, nursing home costs)
5. Sociological aspects of death and aging
6. The doctor and patient relationship related to death
7. The process of death and denying
8. The family reaction to death
9. Sex roles, romantic love and death

Along with the discussion of the components of this death education course, Sadwith lists some suggestions for structuring a death education course. He believes that the focal point of a death education course should be

classroom discussion and therefore an adequate amount of time should be set aside for discussion. Sadwith also feels that the course should be flexible, a sense of humor (in an appropriate manner) should be maintained and the instructor must be able to discuss potential problems that might arise with the student. Also the use of local personnel (physician, religious figure, morticians, etc.) is suggested.

Leviton (10) suggests that death education experience be broken into three basic components, the nature of death, attitudinal and emotional correlates of death and dying, and coping with death and dying. These basic compoennts incorporate the following content areas:

The Nature of Death
1. The view of Western philosophies toward death and dying
2. The view of death by great religions
3. Theoretical views of death
4. The medical and legal aspects of death

Attitudinal and Emotional Correlates of Death and Dying
1. Attitudes of children and adolescence towards death and dying
2. Adult attitudes toward death and dying
3. Attitudes of death defying athletes, soldiers and war torn populations toward death

Coping with Death and Dying
1. Communicating with terminally ill loved ones
2. The effects of the death of a loved one on the living
3. The relationship between the style of life and the style of death
4. Explaining death to children
5. The American funeral
6. Coming to terms with the inevitability of personal death
7. The role of language in reducing the fear of death

Leviton also feels that the content area of suicide and suicide prevention should also be incorporated into the death education curriculum.

Yarber (16) provides a helpful and fairly complete set of guidelines and suggestions for developing a death education course. Yarber feels that death education should be interdisciplinary in nature including medical,

legal, sociological, psychological, religious and biological aspects of death. He feels that both the health science and the biological classroom are logical avenues to introduce death education tinto the curriculum.

Yarber believes that prior to introducing death education into the classroom the teacher must confront their own attitudes, feelings and beliefs about death. Yarber lists five criteria for teaching death education.

> . The teacher must have come to terms with his or her own death feelings, and have admitted not only its (death's) existence, but its full status in the dynamics of his total personality.
>
> . The teacher needs to know about death education in order to teach it.
>
> . The teacher needs to be able to use the language of death easily and naturally, especially in the presence of the young.
>
> . The teacher needs to be familiar with the sequence of developmental events throughout life, and to have a sympathetic understanding of the common problems associated with them.
>
> . The teacher needs an acute awareness of the enormous social changes in progress and of their implications for changes in our patterns of death related attitudes, practices, laws and institutions." (pp. 21-22)

The importance of the five criteria for the teaching of death education cannot be underestimated. A firm grasp of both cognitive and affective aspects of death education is the essential to the success of a death education course.

Yarber feels that there is no dearth of content in death education. Possible areas of studies in death education include the following:

1. Definitions, causes, and stages of death
2. The meaning of death in American society
3. Cross-cultural views and practices related to death
4. The life cycle
5. Funeral ceremonies and alternatives
6. Bereavement, grief and mourning
7. Cremation
8. Cryogenics
9. Organ donation and transplant
10. Suicide and self-destructive behavior
11. Extending condolences to a relative or friend
12. Religious view points of death
13. Legal and economic aspects of death
14. Death portrayed in music and literature
15. Understanding the dying relative or friend
16. Preparing for death
17. Euthanasia

Yarber provides this lists as an overview of possible topics. The topics chosen and the depth of the content should be dictated by the age, maturity and interests of the audience (18).

There is a myriad of community resources and community resource people available for the enhancement of and death education course. The inclusion of the community in the death education experience may facilitate the communities acceptance of the death education curriculum. Some possible speakers and topics include the following:

1. Attorney--preparation of a will, legal aspects of death
2. Cemetary or memorial gardens director
3. Clergy, representatives from major religious groups
4. Coroner--determination of death
5. Funeral director--preparation for the funeral; the service; cremation
6. Monument salesman
7. Physician--determining when death occurs; explaining a death to the family; organ transplants
8. Psychologist of Psychiatrist--psychological aspects of death, bereavement, grief and mourning; coming to terms with the death of a relative or close friend
9. Representative from a memorial society
10. Representative from a euthanasia organization
11. Representative from the state medical--donation of the body to the state medical school
12. Representative from an organization dealing in donations of body organs (16, p.22)

Through the lists of suggestion topics and possible guest speakers in the area of death education, Yarber succeeds in sketching a fairly complete picture of the possible scope of a death education program.

Sadwith, Leviton and Yarber state varying views of the potential content of a death education course. Justaposition of the three sample death education content outlines illustrates the need for research to determine the appropriate scope and sequence of death education experience at all levels.

In this paper we have discussed the need for death education in the school along with a brief survey of current theories and trends in death educations. In conclusion, Grollman (5, p. 388) has outlined five possible goals of death education which can be used as guideposts for the health educator concerned with instruction in this area. Grollman's five goals are:

- To inform the students of facts not currently widespread in the culture.
- To help the student effectively deal with the idea of his or her own death and the death of significant others.
- To make the student an informed consumer of medical and funeral services.
- To facilitate basic social change through education.
- To gain literary, philosophical and artistic insight using the human experiences of death as a focus.

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